
**Rhode Island Health Care Quality
Performance Measurement and Reporting Program**

Health Care Quality Steering Committee Minutes

March 13, 2006

Present: T Almon, A Frazzano, B Waters, L McDonald, D Policastro, S Pugsley, E Roberts, R Rodriguez, G Rocha, A Tavares, J Buechner, S Oberbeck

Guests: K Gurba, S Sawyer, G Levesque, M Doherty, D Collins, B Stewart, A Luby, N Rooney, B Koconis

Dr. Waters welcomed the attendees.

Sue Oberbeck, MSW, MHA reviewed four areas requiring action by the Health Care Quality Steering Committee. The actions and discussion were as follows:

1) Vote on Hospital Measures Subcommittee recommendation of a feasibility study of process measures for pressure ulcers.

Approximately one year ago, the Health Care Quality Steering Committee voted to have the Hospital Measures Subcommittee develop a study for pressure ulcers and report back to the Steering Committee. The Hospital Measures subcommittee reviewed the National Quality Forum recommendation for publicly reporting pressure ulcers, and data being collected by ANA's NDNQI. These recommendations were not chosen because they report outcome measures, and because there is a fee to participate in NDNQI. Hospitals have historically reported process measures rather than outcome measures because of the difficulty in addressing "risk-adjustment" with clinical measures. Process measures used by nursing homes were then reviewed.

Two questions were approved by the Subcommittee: "Was a skin assessment for existing pressure ulcers completed on the patient within 24 hours of admission?" and "Was a total risk assessment (other than skin) for pressure ulcer development completed on the patient within 24 hours of admission?"

The Subcommittee has recommended a feasibility study to address these questions. Given that hospitals have not budgeted for this study, they would like the feasibility study to determine the resources required to collect the data. Additionally, questions about the Continuity of Care Form will be asked, as it was reported that this form is not always used correctly. Any information gathered about the Continuity of Care Form would be for future study, and not part of this study.

The program's contractor, Qualidigm/ Quality Partners of Rhode Island, has an intern available who can perform the necessary chart reviews by the end of May 2006. No additional cost will be required for the feasibility study.

Linda McDonald made a motion to approve the study, seconded by Donna Policastro. The feasibility study was unanimously approved.

2) Vote on Hospital Measures Subcommittee recommended format for composite hospital clinical measures.

At the last Steering Committee meeting, it was noted that the Technical Expert Panel recommended reporting composite measures for hospital clinical measures. Currently, the measures listed on CMS' "Hospital Compare" are reported individually, and are complicated to navigate. The Hospital Measures Subcommittee recommends the format and technical report created by Kristen Gurba, of Quality Partners of Rhode Island. The composite measures developed by Ms. Gurba include the same measures that were previously approved by the Hospital Measures Subcommittee for the public reports. Smoking cessation has been excluded. CMS has announced that it will now present quarterly updates of annualized hospital measures. The plan for Rhode Island is to eventually present trends of annual composite measures.

Concern was raised about not reporting confidence intervals along with the scores. It was noted that this was discussed at the Subcommittee level, and that the view was that the format should be in keeping with CMS's format which does not include confidence intervals. The confidence intervals will be available to those who look at the accompanying technical report. The Steering Committee recommended that an indication be made of what is a better score, as there was confusion about whether a higher score was preferable to a lower score. This will be incorporated into the final version.

A motion was made by Linda McDonald to accept the composite measure with the recommended modification. This was seconded by Senator Roberts and unanimously approved by the members.

3) Vote on Hospital Measures Subcommittee recommendation to participate in CMS' HCAHPS for publicly reporting hospital satisfaction.

The Hospital Measures Subcommittee has recommended that rather than producing another patient satisfaction report for Rhode Island, that hospitals participate in the national HCAHPS survey as originally planned. Although the HCAHPS survey has been delayed, there is concern that there would be confusion conducting two surveys simultaneously. The HCAHPS survey is required under the Deficit Reduction Act of 2005.

In order to participate in the national public reporting process in 2007, hospitals must participate in the CMS "dry run" using discharges from April and/ or May, and/or June of 2006. This data will not be publicly reported. To date, 75% of Rhode Island hospitals have signed up with Press Ganey to participate in the "dry run." If hospitals do not participate in the "dry run", they will need to wait until 2007. CMS plans to publicly

report late in 2007 based on discharges from October 2007 to June 2007. Following that, there will be quarterly updates of 12 months worth of data.

There are a few differences in the HCAHPS reports from those previously reported in Rhode Island. There is a second wave mailing in HCAHPS. There are no questions regarding concern for privacy, information to family, response to complaints, involvement in decision making, or coordination of care. HCAHPS does not include psychiatric hospitals. The HCAHPS instrument uses categorical variables (how often did something happen) rather than a continuous rating scale (mean scores).

The Steering Committee strongly recommended that all hospitals participate in HCAHPS. A motion by Senator Roberts was made to accept this proposal, seconded by Linda McDonald. The committee voted unanimously in favor of the motion.

4) Develop a reporting schedule for future hospital, nursing home, and home health care satisfaction surveys.

Currently there is no defined reporting schedule for satisfaction surveys. The legislation states that they must be performed “periodically.” Given the burden of expense of the surveys lies with the healthcare facilities, they are requesting information so they can budget accordingly. It was noted that it has taken two years for the nursing home cycle to be initiated. One comment was that -2 years may be too soon, and 4-5 years may be too long. It was noted that once hospitals participate in HCAHPS, it will be on a regular basis, and much easier for hospitals.

A suggestion was made that satisfaction surveys be parsed out, or conducted on a rolling basis, so they are not occurring at the same time.

The committee recommended that this be brought before the subcommittees for recommendation to the Health Care Quality Steering Committee.

Open Forum:

Donna Policastro of the RI State Nurses Association reported she received a call from Eleanor Slater Hospital that they have been awarded a federal grant for nursing satisfaction survey. As this does not directly fall under the Health Care Quality Performance Measurement and Reporting Program, it was recommended that the hospital be referred to the authors of the SHAPE II study, the Hospital Association of RI, and ANA’s NDNQI.

Dr. Jay Buechner reported that, as noted by the changes in the agenda, the format of the Steering Committee meetings has changed. There will be fewer presentations and more formal decision making. He requested feedback on this format.

Dr. Buechner reported that the report being created by Janet Muri of the National Perinatal Information Center on the AHRQ quality indicators for 1999-2004 is near completion and will be presented in draft form to the Steering Committee for review.

The Core Nursing Staffing Plans due March 1, 2006 have been received by the Department of Health, and are available to the public. They are not in electronic format. A subcommittee to develop a format for future reports will be convened after the publication of the Health Care Cost and Utilization Project environmental scan of national public reporting efforts of nurse staffing. This report is expected to be available in June 2006, and will be used to guide the development of the report format.

Meeting Adjourned: 4:00 PM

Next Scheduled Meeting: Monday, May 8, 2006

Respectfully Submitted:

Susan A. Oberbeck, MSW, MHA